



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000002

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSTON CULINARY GROUP INC.

DOING BUSINESS AS CHRISTIANSEN'S TAVERN

ADDRESS COREY RD.

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: BRONSON, JAMES TYPE OF LICENSE: Restaurant  
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

SEATING APPROX 150, 1 DINING AREA WITH ATTACHED DECK SEATING APPROX 40 AND KITCHEN. 24 STOOL BAR, TWO EXITS TO KITCHEN EMPLOYEE USE, ONE EXIT TO DECK, FRONT DOOR FACES PARKING LOT, BACK FACES COMMON WALK WAY. ALSO EXIT FROM DECK TO COMMON WALKWAY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000003

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSTON Culinary Group, Inc

DOING BUSINESS AS CRANE LODGE

ADDRESS CORY ROAD

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: Bronson, James E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

SEATING CAPACITY OF 500, INCLUDING PATIO , 4 SEPARATE DINING AREAS, ONE SERVICE BAR, 4 EXITS, ONE KITCHEN, SERVICE CAFETERIA, 1 EXIT BSMT LEVEL TO KITCHEN FOR EMPLOYEE USE ONLY. 3 EXITS TO PUBLIC AREAS FROM KITCHEN FOR EMPLOYEE USE ONLY

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000006

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSTON CULINARY GROUP INC.

DOING BUSINESS AS JOHN HARVARD'S RESTAURANT & BREWERY

ADDRESS JIMINY PEAK AND COREY ROAD

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: BRONSON, JAMES TYPE OF LICENSE: Innholder  
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEATING CAPACITY OF ABOUT 160, THREE SEPARATE DINING AREAS AND KITCHEN, 17  
STOOL BAR, ONE EXIT TO SECOND FLOOR EMPLOYEE USE. FRONT DOOR FACES  
PARKING LOT AND ONE FROM KITCHEN

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000010

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POWDER HOUNDS, INC.

DOING BUSINESS AS POWDER HOUNDS

ADDRESS 137 BRODIE MT. ROAD

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: KRUEGER, LISA K. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDING 12 X20 FORM FOOT ADDITIONAL THIRTY PLUS ADDITIONAL SEATS IN THE DINING ROOM AREA.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000013

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EMMANUEL KATRITSIS

DOING BUSINESS AS ANNA'S PIZZA RESTAURANT

ADDRESS 175 LEBANON MOUNTAIN ROAD

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 02137

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000014

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NO BETTYS,INC.

DOING BUSINESS AS THE STORE AT JIMINY PEAK

ADDRESS 37 COREY ROAD

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: MASONE,  
THOMAS J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000015

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSTON CULINARY GROUP INC.

DOING BUSINESS AS JJ'S

ADDRESS 00037A COREY ROAD

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: BRONSON, JAMES TYPE OF LICENSE: Restaurant  
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000016

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HANCOCK SHAKER VILLAGE INC.

DOING BUSINESS AS

ADDRESS ROUTE 20

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: MARKS, LAURA

TYPE OF LICENSE: General on  
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 049000017

CITY OR TOWN HANCOCK

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIBERTY PACKAGE & VARIETY

DOING BUSINESS AS LIBERTY PACKAGE STORE

ADDRESS 177 LEBANON MOUNTAIN ROAD

CITY/TOWN: HANCOCK

STATE: MA

ZIP CODE: 01237

MANAGER: MATHES,  
COURTNEY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RECTANGLE RETAIL SPACE, ONE LEVEL WITH THE DIMENSIONS OF 32X24..THE SPACE IS DIVIDED BETWEEN 800 SQ. FT. FOR RETAIL ...300 SQ. FT. FOR STORAGE WITH A SMALL OFFICE AND EMPLOYEE BATHROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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